

Kosciusko Home Care & Hospice, Inc.
1515 Provident Drive, Suite 250
Warsaw, IN 46580

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to age, sex, race, color, disability, religion, veteran status, or national origin. Kosciusko Home Care & Hospice, Inc. will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities or any other status protected by law.

Position: _____ Date: _____

Telephone #: _____ Cell Phone #: _____

Name: _____ SSN#: _____

Maiden Name: _____

Address: _____

In case of emergency, notify: _____

QUESTIONS	YES	NO
<ul style="list-style-type: none"> • Are you a U.S. citizen or an alien legally entitled to work in the position for which you have applied? 		
<ul style="list-style-type: none"> • Have you filed an application here before? • If yes, what was the date: 		
<ul style="list-style-type: none"> • Were you previously employed by us? • If yes, what was the date: What position: 		
<ul style="list-style-type: none"> • Do you have any friends or relatives in our employ? • If yes, name/relationship; 		
<ul style="list-style-type: none"> • Are you employed now? 		
<ul style="list-style-type: none"> • Would you work: Full-Time Part-Time Call-In Basis 		
<ul style="list-style-type: none"> • Specify days/hours not available: 		
<ul style="list-style-type: none"> • Are you able to work: Evenings Weekends Holidays 		
<ul style="list-style-type: none"> • Are you on a layoff or subject to recall? 		
<ul style="list-style-type: none"> • If your application is considered favorably, on what date would you be able to work: 		
<ul style="list-style-type: none"> • Have you ever been convicted of a crime, excluding misdemeanors, summary offenses? • If yes, explain: 		

EDUCATION:

	HIGH SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
School Name:			
Years Completed: (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:			
Describe Course of Study:			
Describe specialized training, apprenticeship, skills and extracurricular activities.			

Typing: Approx. WPM: _____ Microsoft Office: Excel Graphics/Software

EMPLOYMENT EXPERIENCE:

Employer:	Dates	Duties/Responsibilities
Address:	From:	
Job Title:	To:	
Immediate Supervisor:	Phone #:	May we contact employer Yes No
Reason for Leaving:	Full-Time Part-Time	Hourly Rate/Salary Start: Final:

Employer:	Dates	Duties/Responsibilities
Address:	From:	
Job Title:	To:	
Immediate Supervisor:	Phone #:	May we contact employer Yes No
Reason for Leaving:	Full-Time Part-Time	Hourly Rate/Salary Start: Final:

Employer:	Dates	Duties/Responsibilities
Address:	From:	
Job Title:	To:	
Immediate Supervisor:	Phone #:	May we contact employer Yes No
Reason for Leaving:	Full-Time Part-Time	Hourly Rate/Salary Start: Final:

PROFESSIONAL AND TECHINCAL INFORMATION:

If licensed or registered:

- Currently registered as: _____
- Eligible for registry as: _____
- State or registry: _____ Registration Number: _____
- Other states in which registered: _____

I understand that if I am offered a job, I will be required to undergo a medical examination, a drug screen, and answer various medical inquiries, the satisfactory completion of which may be a condition of beginning my employment with Kosciusko Home Care & Hospice, Inc.

- Signature of Applicant: _____ Date: _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that untrue, deceptive, or withheld information on this application and/or during my interview will result in a decision not to hire me, or if hired, a decision to terminate my employment.

- Signature of Applicant: _____ Date: _____

Please print 3 copies of the following reference request; complete each one including your signature and return to Kosciusko Home Care & Hospice, Inc.

Kosciusko Home Care & Hospice, Inc.

FAX: (574) 372-3415
Website: koshomecare.org

1515 Provident Drive, Suite 250
P.O. Box 1196
Warsaw, IN 46580-1196

Phone: (574) 372-3401
Toll Free: 1-866-359-3403

TO: _____

FAX: _____

Attention: _____

FROM: _____

FAX: _____

DATE: _____

No. of pages: _____

In an attempt to provide the highest quality care service available, our agency finds it necessary to check the employment history of all applicants prior to employment. Thank you for your cooperation. If we can be of assistance to you, please do not hesitate to call on us.

Print Name: _____ Other names: _____

Signature: _____ Position Desired: _____

I have applied for a position with Kosciusko Home Care & Hospice, Inc. and would appreciate it if you would give them the information requested concerning my employment with your firm from: _____ to _____. Thank you.

APPLICANT - LEAVE THE REMAINDER OF THIS FORM BLANK

Dates in your employ: From: _____ To: _____

Position held: _____ Salary: _____

Reason for leaving: _____

Would you re-employ? Yes No If "No," reason: _____

(Check one)	Exceptional	Good	Fair	Poor
Quality of work:				
Quantity of work:				
Job knowledge:				
Attendance:				

REMARKS: _____

Signature of Facility Representative

Date